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ORIGINAL COMMUNICATIONS.

ARTICLE I. — *The Symptoms and Probable Causes of Hæmoptysis as it prevailed in Little Rock, Arkansas, last December, January and February, and the Treatment.* Read to the Esculapian Society, 28th May, 1857, by DR. C. McALMONT.

There occurred about forty or fifty cases of this disease, at the time mentioned, and it attacked persons of the most opposite degrees of health and constitution, but generally those of feeble constitution, either natural or induced.

This disease is not of common occurrence in this section of country. Chronic and tubercular affections of the lungs are very rare, but acute inflammation of that organ prevails extensively through the winter months.

The symptoms preceding and following the attack were not uniform. In some cases it came on suddenly and without previous warning, but more generally it was preceded by cold extremities and chilly sensations, loss of appetite, headache, and slight debility, with feelings of oppression. These symptoms were followed by some fever, and were either remittent or intermittent in character, lasting from one to six or eight days before the hemorrhage took place. The hemorrhage was attended and preceded by cold extremities and chilly sensa-

tions; the pulse feeble and small, beating from ninety to one hundred strokes per minute. As the hemorrhage advanced, and in proportion to the quantity of blood lost, the pulse sank and became more rapid and feeble, the body growing cold and covered with perspiration.

These symptoms lasted from one to twelve hours, according to the treatment and severity of the attack.

The first indications of improvement were increased strength and fullness of the pulse, followed by warmth of body and extremities, the hemorrhage growing less until it had entirely ceased, or nearly so. The reaction, in some cases, was very violent, but generally feeble. As the symptoms preceding the hemorrhage were remittent or intermittent, so was the hemorrhage with its attending symptoms, and you might look for a recurrence of the hemorrhage in one, two or three days, if intermittent, unless cut short by treatment, and from four to six hours, if remittent, the hemorrhage never ceasing entirely until there had been several exacerbations and remissions.

The hemorrhage was of a passive character, but sometimes it continued after reaction had fully taken place, and became active. This only occurred in two or three cases. The prostration following these hemorrhages was not, in general, as great as might have been expected, from the quantity of blood lost, which was great in some cases, but more often the quantity was small, ranging from two to sixteen ounces. The tongue was always more or less furred, sometimes white; more often yellow or brown. The bowels were generally costive, and showing a want of bilious secretion; the countenance *sallow*; eyes dull and surrounded with a blue circle, and, in some cases, became tinged with bile. The thirst was very great, and frequently attended with nausea and vomiting; the blood was florid and frothy; the cough attending these attacks was sometimes considerable, at other times slight, accompanied with more or less pain and tickling sensations; auscultation revealed sibilant and sonorous rattles, when the blood was in the air passages, and at points where there was dullness on percussion (which only existed in a few cases), there was no respiratory murmur, and in its place a crepitous rattle.

PROBABLE CAUSES.

The predisposing causes may have been a feeble, frail constitution, debility from previous disease, narrow, contracted chest, diseased lungs, a hemorrhagic diathesis, and malaria, which seems to have been the most prominent.

The exciting causes may have been sudden transition from hot to cold, fatigue, mental excitement, indigestible food, or any other cause calculated to derange the natural and healthy functions of the body.

The proximate cause must have been congestion of the mucous membrane of the air passages, and, in the most violent cases, when there was dullness on percussion and crepitous rattle in auscultation, the congestion must have extended to the parenchyma, and the hemorrhage proceeding from the air cells, as well as the mucous membrane.

The prognosis was favorable, except in those cases where auscultation and percussion revealed abnormal sounds to a considerable extent, or previous disease existed.

The diseases most prevalent just previous to this time were dysentery, attended with more than usual hemorrhage; also there occurred, about this time, several cases of apoplexy, and a few cases of congestive, intermittent and remittent fever, and two of these cases were attended with alarming apistaxis.

Taking all these facts into consideration, it is very evident that there was a general tendency to congestion, followed by hemorrhage.

TREATMENT.

The treatment adopted and most successful was large doses of opium and quinine, from one to three grains of the former and five to twenty of the latter, repeated in four or eight hours if necessary. Strong revulsive remedies were applied to the chest, stomach, back and extremities; mustard plasters were generally used for this purpose; the bowels to be opened with calomel or the compound cathartic pill, the calomel to be continued in alternate doses, if indicated by want of bilious secretion and torpidity of the bowels. If the symptoms continued bad, blisters were applied to the chest and extremities. When

the hemorrhage continued after reaction had fully taken place, and the pulse full and strong, venesection should be resorted to, with the internal use of acid drinks, ice and astringents. Acetate of lead is the best astringent, and was generally used, some preferring gallic acid.

The important question arises in the mind of every physician, why was congestion more frequently followed by hemorrhage in these cases, and at this time, than usual? I will not attempt to advance any theory, but merely state a few facts that may have some bearing on the question. The summer and fall were unusually hot, the thermometer ranging between ninety and one hundred day after day, and in houses not protected by shade, it rose to one hundred and six and eight. When winter set in it was unusually cold, and subject to frequent and sudden changes; the atmosphere was very damp and chilly; vegetables were very scarce and indifferent in quality, and the fruit was dwarfish and badly matured; consequently there was a greater consumption of meat than usual.

Charleston, Ill., 28th May, 1857.

ARTICLE II.—*Congenital Non-Secretion of Urine.* By
THOMAS HALL, M. D., Toulon, Ill.

December 1, 1856, 9 o'clock P. M.—Called in consultation to see a child five days old, and had not passed any urine. On examination, a large tumor is felt filling the pelvis and extending half an inch above the umbilicus, tolerably hard and slightly elastic; the integuments dark red, and have somewhat of the appearance that subjacent inflammation usually imparts. A probe was introduced into the bladder without any difficulty, but no urine followed its withdrawal. A grooved director was next introduced, under the impression that urine might pass down the channel, but none escaped. The child was next put in a warm bath for about five minutes; no diminution of the swelling, nor softening followed its use. A common sized female catheter was next introduced—the child seemed to suffer but little more from its use than from the probe—and not a drop of blood exuded during these operations; no fluid, however escaped, and the catheter was withdrawn,

under the impression we had that something had got into it. We found our opinion verified, for on blowing into the catheter something like half melted lard escaped from every hole. We now expressed an opinion that the child could be relieved, as the catheter had been loaned, and our conclusion was that melted lard, in the absence of oil, had been used to lubricate it. After washing the catheter it was again introduced, but no urine escaped. The child now struggled somewhat violently, and some viscid mucus began to appear at the end of the catheter. With the assistance of a probe, about a teaspoonful was removed. When no more could be extracted, the catheter was withdrawn, and again an exudation of lard-like matter took place on our blowing into the catheter.

The general appearance of the child was that of perfect health—it nursed well, the bowels were regular, and the discharges natural; no appearance of drowsiness or distress.

Dec. 2—9 o'clock A. M. No apparent change since last night, except the integuments over the tumor are somewhat darker colored. On introducing the catheter, a few drops of urine, or what was judged to be urine, escaped. A syringe, which we had previously nicely adjusted to the catheter, was now used, so as to form a vacuum, hoping by this means to remove some of the accumulated mucus. We succeeded in filling the catheter, but having to withdraw it every time and blow it out, the advantage, to our minds, was not sufficient to compensate for the suffering occasioned by repeated catheterism. Warm fomentations and poultices, which had been ordered last night, were continued. Three minims of *spt. ætheris nit.* in a little water were ordered every three hours. The child still appears in perfect health, nurses well, and all the organs, except the kidneys and bladder, performing their functions properly.

Five P. M. The diaper moistened about the size of a dollar once since morning. Continued the treatment. The child's brows are occasionally knit, otherwise appears well, and nurses freely, the bowels moving frequently and are of a watery character, but no urinary odor can be detected.

Dec. 3—8 o'clock A. M. The infant evidently approaching

its end, breathing rapidly and with considerable difficulty. The abdomen generally much enlarged since last night, and the integuments assuming a gangrenous appearance; the superficial veins visible over the whole of the lower half of the abdomen. Nothing ordered.

Died at 4 P. M.

Post-mortem at 9 A. M., 4th of December. The integuments covering the lower half of the abdomen of a very dark color; the superficial veins much enlarged and distinctly visible; the tumor much softened and apparently reduced in size. On opening the abdomen a large quantity of serum escaped; no marks of inflammatory action on the bowels, but the small intestines were united by firm bands to the parieties of the abdomen. The peritoneum covering the bladder, and extending into the right and left iliac regions, highly inflamed. Both ureters were pervious, and pus and mucus exuded on pressure. On dissecting the bladder, we found its coats thickened and the inflammation extended through all its tissues, except the mucous lining, which was completely destroyed. The bladder contained about one ounce of pus. The uterus was inflamed, and contained pus and mucus. The kidneys, which weighed six drachms and ten grains, and six drachms and eighteen grains, respectively, were inflamed through the greater part of their substance, and contained some pus and serum, but no traces of urine, at least as far as we were able to determine.

There was no time for any further investigations, the funeral taking place at 10 o'clock.

ARTICLE III.—*Case of Retained Placenta.* By F. R. BAILEY, M. D., Joliet, Ill.

I was called February 21st, about 2 A. M., to attend a lady laboring under profuse uterine hemorrhage, attended with severe pain in the back, etc. I learned that she was about three months and a half advanced, and endeavored at once to control the flooding, and relieve the pain, so as to prevent abortion. It was of no avail, however, for in a short time the fœtus was expelled.

The patient being considerably exhausted, it was necessary to administer stimulants and opiates, but as soon as 9 o'clock in the morning she was very comfortable, with no more appearance of flooding than is usual in such cases.

After removing the foetus, I waited a short time for the expulsion of the placenta; but there being no effort of the uterus in that direction, made a vaginal examination, and could find nothing of it. Being very certain that it could not have escaped my notice, if expelled, and that it must still be "in utero," I watched closely for a day or two, in order to obviate hæmorrhage.

Nothing was seen of it, however, and my patient was in a few days about the house as usual. The conclusion was, that it had escaped without having been seen by any one. After about two weeks from the occurrence of the abortion, I was called in, and found her complaining of a fullness in the pelvic region, and was feeling as though there might still be another foetus unexpelled. The lochial discharge still continued, but to a moderate degree; and as the bowels were constipated, I gave a dose of black draught, which operated well, and all the sense of fullness, together with any apprehensions before mentioned, subsided. From this time she improved rapidly, and was soon able to attend to her household duties, and to walk about the city. The lochia, as I subsequently learned, continued, but no more profuse than is common in many cases.

I heard nothing more of my patient until the 6th of April, about one o'clock A. M., when I was hastily summoned, with the assurance that she was "flowing to death." In a few moments I was at the bedside, and found her pulseless and gasping. A great quantity of blood had escaped, and it was still flowing like a stream. I immediately gave a dose of opium and acetate of lead, and passed small lumps of ice into the vagina. In a few minutes the flowing stopped, but it was five or six hours before she was able to speak above a whisper. Nothing could be detected by examination by which to conclude that there was anything still unexpelled from the uterus, and as the flow had stopped, I concluded to give *sul. quinine*

in liberal doses, to prevent a recurrence at the same time on the succeeding morning.

About twenty-six hours from its commencement a slight flow occurred; but it was soon stopped, by means of cold water applied to the abdominal region. She complained of extreme soreness in the back, but no pain.

On Thursday, the 9th, about 6 o'clock P. M., after severe pain for a short time, with some flowing, a placenta, in a state of complete putrefaction, was expelled, and to the great satisfaction of all parties. From this time, by the use of tonics and nutritious food, she rapidly improved in health, and is now able to be about.

Query—Is it not unusual for a woman to be able to walk about town, and feel tolerably well, with a retained placenta?

ARTICLE IV.—*A Case of Malignant Disease.* By N. O. PEARSON, M. D., of Palestine, Ill.

History.—Mr. Asa Jones, aged about 35, a gentleman of the dark bilious constitution; avocation that of a farmer; when convalescing from an attack of remittent fever (being still much debilitated), in feeding his horses, slipped and fell from the stable loft, resulting in an injury of the left inguinal region and testicle of the same side. Immediately after tumefaction of the testicle ensued, which swelled to the size of a goose-egg, accompanied with more or less fever at times, and producing great pain and tenderness of the part. Being confined to his bed for three months, the swelling gradually subsided, but did not entirely disappear, and would occasionally be troubled with pain of the injured part, although not very severe. Several years subsequently, the testicle began to enlarge again, accompanied at times with severe lancinating or burning pain, shooting up the course of the spermatic cord into the left lumbar region, and down the sciatic nerve of the same side. These attacks of pain would come on at irregular intervals, and its severity often excruciating; particularly was this the case after a severe attack of pernicious fever, which occurred about eight years ago. Just subsequent to this period he lost the power of using with facility his inferior extremities, particularly the one cor-

responding with the injured testicle, and gained their use but slowly. For eight or ten months preceding his death (which took place in April, 1855), he was confined to his room, and a greater portion of his time to the bed, suffering extremely with pain, as I have mentioned. About three weeks prior to his death, erysipelas made its appearance upon the left foot, and extended nearly to the knee before its progress was arrested. I was called to see him by the request of the attending physician, E. J. French. He was found to present the following symptoms: there having been obstinate constipation for several days, which had resisted the action of all cathartic medicine; sickness of the stomach, regurgitation, everything taken into the stomach being rejected almost immediately; the action of the bowels themselves inverted, and feculent matter discharged from the mouth. Along with these symptoms were the following: a swelled testicle; painful and tympanitic condition of the whole abdomen, but more particularly the hypogastric and iliac regions; hiccough; great anxiety; cold sweats; a feeble and small pulse; general expression of prostration, and in fact symptoms simulating strangulated hernia, the testicle being enlarged to the size of a goose egg (as I have heretofore said), and presenting anteriorly a lobulated appearance, hard to the touch, with apparently considerable contusion (varicose condition of the superficial veins); the spermatic cord and inguinal glands were indurated, and integument covering the part corrugated, etc. Postmortem examination made six hours after death.

Appearance and Condition of Organs.—The tumor filling the left testicle cavity to its utmost capacity, extending and surrounding the spermatic cord, femoral artery, nerve and vein being connected to Poupart's ligament, and abdominal muscles, filling the whole iliac fossa, surrounding the iliac vessels, and attached to the inferior portion of the colon and rectum; the calibre of a considerable portion of the colon being much diminished (at least one third); it was also attached to the left and posterior portion of the bladder and rectum, extending up, and attached to the vertebral column as high as the diaphragm, but not connected to that organ, including in its

mass the abdominal aorta and vena cava; these being much lessened, it also nearly surrounded the left kidney, the structure of which seemed healthy, though pressed somewhat out of shape. It was connected with the mesentary, and embraced several portions of the small intestines, between which were hardened and impacted fæces. Our attention was not directed to the pancreas (having so little time for the examination), but the presumption is, that it was included in the tumor, and its structure entirely changed; liver and spleen apparently healthy; lungs and heart not examined. The tumor would have weighed seven or eight pounds, and, by making incisions into it, fluid would escape freely, as if contained in sacks or cells, etc. The substance of some cells being soft, diffuent, like that of cream, and in others more vascular, presenting more of an intermixture of red streaks of blood. Not examined by the microscope.

ARTICLE V.—*The Impregnation of the Graafian Vesicle.*
By G. S. DEWEY, M. D., Ill.

Electricity, or a fluid bearing a close resemblance to it in all its manifestations and regulations, is admitted to be the immediate efficient cause of vital phenomena.

It has been shown that this fluid, sent along the nerves of a dead body, excites muscular action. "The brain of a newly-killed animal being taken out, and replaced by a substance which produced electric action, the operation of digestion, which had been interrupted by the death of the animal, was resumed, showing the absolute identity of the brain with a galvanic battery."

The brain is composed of two physically different substances—the cineritious and medullary—which may bear to each other a similar relation to the two metallic plates, by which relation the nervous fluid is eliminated.

Thus similar are many of the operations of nature, inso-much that whenever we gain the hand of analogy to lead us through her dimly-lighted labyrinths, we feel a confidence and satisfaction which we derive from no other guide.

We may presume the male affords the positive and the female the ovum containing (with the pabulum to sustain it until it is provided for by the uterus) the opposite material. By copulation, these plates or opposite electrics are attached, and a galvanic current established, first at the fimbriated extremity of the fallopian tube, and carried on to the building up of the foetus; with all the phenomena of life in the uterus, when it has melted away the ovisac, and by the peristaltic action of the tube being brought to that organ.

It is not necessary, in support of this hypothesis, to show a resemblance in masculine serum, or in the germinal vesicle of the female ovum, and their typical portions of the brain, for we know that very different substances may act upon each other to produce an electric current; but it is a singular coincidence that such a resemblance does really exist. Dunglison's Human Physiology, page 331, says: "The spine is regarded by some physiologists as formed of the most animalized material, or of those that constitute the most elevated part of the new being—the nervous system."

It is wisely diluted with albuminous fluid, to facilitate its primary wandering mission; yet the words in Carpenter's Human Physiology used to describe it would equally apply to the cineritious portion of the brain—"thick, tenacious, and of a *grayish*, yellow color." Their chemical composition is strikingly similar. The vittellus of the female ovum "is composed of albumen and oil particles, with traces of cells," and also bears a physical resemblance to its prototype.

These materials furnished by the opposite sex commence to perform the functions of the brain—assimilation and nutrition—the moment they are placed in juxtaposition, and we cannot well avoid the inference that it is by the same electric agent. They seem, therefore, to form a miniature brain, which is probably formed of *medullary* and *cineritious* matter.

No theory of fecundation is at all satisfactory which will not account for the resemblance of the offspring with the parents, by actual contribution of the peculiar organization of each—analagous is the contribution and stigma in amalgamating contiguous varieties of plants; and no supposition seems so reas-

onable as the mutual contribution to the embryo of the nervous matter which presides over its development.

I have not attempted to bring up the facts and analogies which favor this hypothesis; this would occupy too much space; but merely throw it out as a suggestion to be improved or rejected by those who rule the province of physiology.

ARTICLE VI.—*Scorbutus—Scurvy*. By THOS. A. HILL, M. D., Reading, Ill.

This disease is one that has never found a place in the catalogue of diseases for which I have prescribed until recently. I am not aware that it prevails in any other part of the State; yet, as the same cause—or at least what I conceive to be the cause—exists over a large portion of the State, I presume the same effect follows. I have always regarded scurvy as a disease of rare occurrence to the Western practitioner; consequently, I never expected it would occupy so large a share of my time as it has for the last three months.

The disease appeared here in the early part of February, since which there have been a great many cases; and, in fact, cases of scurvy have outnumbered those of all other diseases.

In many it appeared in a violent form; in others, again, with no other symptom than languor, spongy and hemorrhagic gums, slight œdema of the feet, and an eruption resembling petechia on the legs and arms.

The cause of the prevalence of the disease here is obviously owing to a long continued abstinence or deprivation of fresh provisions, and a due quantity of acescent food, assisted by the intense cold of last winter. Owing to the scarcity and consequent price of fresh meat and vegetables, many have subsisted for several months almost exclusively on salted food.

Women during lactation appear to contract the disease more readily than others; a large proportion of the cases here were of this kind. In all cases, both male and female, there existed a debilitating cause. I saw no cases where the patient was healthy previous to the premonitory symptoms of scurvy.

The disease comes on with lassitude, complexion pale and bloated, spongy and hemorrhagic gums, and a feeling of stiff-

ness of the flexor muscles of the legs, with slightly accelerated pulse. As the disease progresses, the gums become much swollen, and present a livid appearance, and sloughing off. Extremities oedematous, tense, glassy, and covered with livid and purple spots and painful. The muscular powers are now so prostrated that the patient can scarcely maintain the erect position.

The treatment in all cases has been simple, and so far successful. The first thing to be observed is to remove the existing cause. Let the patient be well provided with vegetable food, amongst which I find potatoes, turnips and cabbages cooked with vinegar preferable to all others. In my opinion, these articles eaten uncooked, or cooked, and eaten with vinegar, is all-sufficient in a large proportion of cases. Where medicine is required, I generally prescribe the following tonic preparaion:

R Tinct. Columbo, Tinct. Gentian, Tinct.

Quassia, Tinct. Rhei, - - - aa ʒi.

Mix; take a tablespoonful four or five times a day. This, together with a free use of lemon juice or citric acid, are about all the internal remedies that I have made use of. For ulceration or sloughing of the gums, I apply the Nit. Argent. until the gums are thoroughly cauterized.

PROCEEDINGS OF MEDICAL SOCIETIES.

Proceedings of the Esculapian Society, at the Semi-Annual Meeting, held in Charleston, Ill., May 27th and 28th, 1857.

The Esculapian Society met in the Presbyterian Church, in Charleston, May 27th, and was called to order by the President, Dr. Payne, at 1 o'clock.

About twenty members were in attendance.

The minutes of the last meeting were read by the Secretary, and approved.

Dr. Chambers, chairman of the Committee on the Sale of Patent Nostrums, reported some reasons for not having discharged the duty assigned them. On motion of Dr. Steele, the committee were discharged.

The Treasurer stated that he was not ready to report on the condition of the finances of the society. On motion of Dr. Chambers, he was excused until the next meeting.

Dr. McCord was appointed to fill a vacancy in the Board of Censors.

The Secretary submitted the correspondence held with the Smithsonian Institution, in reference to procuring meteorological instruments for the use of the society. On motion of Dr. Chambers, it was laid on the table.

On motion of Dr. Chambers, Drs. Hoge, Brunk, Freeman and Morris, who were present, were invited to take seats, and participate in the discussions.

The following communication to the society, from Prof. Lawson, was presented by Dr. Chambers, and ordered to be spread on the minutes, viz.:

"CINCINNATI, May 4th, 1857.

"To the President and Members of the Esculapian Society.

"Being engaged in the collection of facts bearing on the subject of pulmonary consumption, I would respectfully ask the privilege of presenting the following interrogations to the members of your society, with the request that those who can furnish information will communicate it to me as early as may be convenient.

"1. The increase or diminution of pulmonary consumption within the last few years?

"2. The effects of locality in producing or retarding the disease, especially the influence of miasm?

"3. Has it been observed to follow and be influenced by attacks of fever, periodical or continued?

"4. Have cases been observed in which it was developed after a full attack of small-pox?

"5. The most approved mode of treatment. Have any new remedies been employed?

"Answers to the above questions, or other points of a similar character, will be most gratefully acknowledged.

"Very respectfully,

L. M. LAWSON, M. D.,

"Professor of the Theory and Practice of Medicine in the Medical College of Ohio."

Dr. Davis was excused for not reporting on pneumonia, and continued on the same subject.

Dr. Frizell was excused for not reporting.

Dr. Stormont read a paper on Irregular Contractions of the Uterus, which was discussed at some length.

Dr. York was excused for not having an essay on Ophthalmia, and continued.

Dr. Chambers read a very excellent and lengthy essay on Stomatitis Materna. After some discussion upon it, the Society adjourned to meet at 8 o'clock.

EVENING SESSION.

The Society met according to adjournment, the President in the chair.

Dr. Davis being introduced, delivered an eloquent address to a large and attentive audience.

After the dismissal of the audience, the discussion on Dr. Chambers' paper was continued, with much interest, by several members.

Drs. York, Chambers and McCord were appointed a business committee, to report to-morrow morning.

On motion of Dr. Chambers, the Society adjourned to meet at 8 o'clock to-morrow morning.

The members and some invited guests then repaired to Bunnel's Hotel, where a sumptuous repast was in waiting, furnished by the Physicians of Coles County.

MORNING SESSION—MAY 23.

The Society met as per adjournment, the President in the chair.

The Business Committee reported the following subjects, and the gentlemen whose names are opposite were appointed to report at the next meeting, viz.:

Epidemic Ophthalmia—Dr. York.

Phlegmonous Erysipelas—Dr. Frizell.

Pneumonia—Dr. Davis.

Scurvy—Dr. McAlmont.

Irritation, Inflammation, Induration and Ulceration of the Cervix Uteri, with use of Speculum—Dr. Chambers.

Bites and Stings of Reptiles and Insects—Dr. Apperson.

Anesthetic Agents—Dr. Lodge.

Dropsical Effusions—Dr. Stormont.

Ovariectomy—Dr. Hinkle.

Puerperal Fever—Dr. Lee.

Milk Sickness—Dr. McCord.

Vaccination and Re-Vaccination—Dr. Van Dyke.

Tracheotomy and Laryngotomy—Dr. Albin.

Permanent Cure of Reducible Hernia—Dr. Smith.

Influence of Miasm in Modifying Disease—Dr. H. R. Payne.

Cure of Intermittent Fever—Dr. Bridges.

Scrofula—Dr. Washburn.

Rheumatism—Dr. Silverthorn.

Small Pox—Dr. Smith.

Typhoid Fever—Dr. Chambers.

Dr. Chambers announced the death of Dr. Duffield, a member of the Society, and moved that a committee be appointed to inquire into the facts of his having converted the shoulder into the vertex presentation, and report at the next meeting. Carried. Drs. Chambers, Hinkle and McCord were appointed. It was also moved, and carried, that the President, Dr. York, and Dr. Steele, be a committee to report resolutions of condolence.

Drs. Smith and Lodge were excused for not having essays.

Dr. Hinkle reported a very interesting case of Lithotomy. Discussed by several members.

On motion of Dr. Chambers, the thanks of the Society were tendered Dr. Davis for his excellent address last evening, and a copy requested for publication.

Dr. Payne read a very valuable report on Practical Medicine.

On motion, the Society then adjourned to meet at 1 o'clock.

AFTERNOON SESSION.

The Society met, the President in the chair.

Dr. York offered the following resolutions, which were unanimously adopted, viz.:

Whereas, It has pleased the Divine Being, in the dispensation of his providence, to remove from our midst, by death, our much beloved associate and brother, Dr. W. B. Duffield, one of our most aged and active members; therefore,

Resolved, That we deeply regret the departure from the scenes of his labor, of his usefulness and his fame, of this noble votary of a noble profession; and that we feel that the profession has lost one of its brightest ornaments, and society one of its most useful members.

Resolved, That we sincerely sympathize with his bereaved family in their irreparable loss, which we trust is his eternal gain.

Resolved, That the Secretary furnish Mrs. Duffield with a copy of these proceedings.

Dr. Payne's report was then taken up and discussed at considerable length.

Dr. Hinkle was appointed to deliver the next public address.

Paris was selected as the place for holding the next meeting.

Drs. York, Davis and Stormont were appointed the Committee of Arrangement.

Dr. York offered the following resolution, which was unanimously adopted, viz.:

Resolved, That we tender our thanks to the Presbyterian Church of this place for the use of their house on this occasion.

On motion of Dr. Stormont, the following resolution was unanimously adopted, viz.:

Resolved, That the thanks of this Society be most cordially tendered to the Physicians of Charleston, for the liberal hospitality extended by them to us during the present session.

The following gentlemen were admitted to membership during the meeting, viz.: Dr. G. W. Albin, Neoga, Ill.; Dr. J. H. Apperson, Fillmore, Ill.; Dr. D. P. Lee, Ashby, Ill., Thesis on Dysentery; Dr. J. Van Dyke, Ashmore, Ill., Thesis on Blood-letting; Dr. C. McAlmont, Charleston, Ill., Thesis on Hæmoptisis; Dr. J. L. Silverthorn, Charleston, Ill., Thesis on Pneumonia.

A copy of the proceedings were ordered to be published in the North-Western Medical and Surgical Journal.

On motion, the Society adjourned to meet in Paris the last Wednesday in October.

F. R. PAYNE, *President*.

D. W. STORMONT, *Secretary*.

Proceedings of the Annual Meeting of the Union Medical Association, held at Richview, Washington County, Ill., May 19th, 1857.

Pursuant to adjournment, the "Union Medical Association" met in Odd Fellows' Hall, at Richview, May 19th, 1857.

G. W. Hotchkiss, M. D., the former President, took the chair, and called the house to order; when, on motion, J. S. Murphy, M. D., was chosen Secretary *pro tem.*, the former Secretary being absent.

In consequence of the Constitution and former proceedings of the Association being lost, it was moved by Dr. Haller that a committee, consisting of a member from each county, be appointed to draft and report a new Constitution and By-Laws for its future government; whereupon the chair named the following gentlemen as said committee, viz.: B. F. Haller, of Fayette; D. N. Moore, of Clinton; D. H. McCord, of Marion; P. B. Marshall, of Washington; and S. H. Bundy, of Perry. The committee retired to discharge their duty.

On motion of Dr. Dunning, a committee was appointed to prepare and report a Fee Bill for the government of the members of the Association in their charges for professional services. Drs. Dunning, Stearns, Lucas and Barber were named as said committee.

A note was read from Dr. Knapp, regretting his inability to attend the meeting, and expressing a deep interest in the cause.

During the absence of these committees, the remaining members engaged in the discussion of various subjects of interest.

The committee appointed to draft a Constitution and By-Laws presented their report, which was read, and unanimously adopted, and the committee discharged.

On motion, it was ordered that the members should repair to the Secretary's desk, and subscribe their names to the Constitution, which was accordingly done.

The Association then proceeded to elect the regular officers for the ensuing year; whereupon Thomas Wilkins, M. D., was elected President; D. H. McCord, M. D., Vice President; John S. Murphy, M. D., Recording Secretary; S. H. Bundy, M. D., Corresponding Secretary; and B. H. Lucas, M. D., Treasurer.

On taking the chair, the President called for the reports of the standing committees.

Committee on Practice of Medicine—No report.

Committee on Surgery—No report ready.

Committee on Obstetrics—No report.

Committee on Drugs and Medicines—No report.

The proceedings having been lost, it was not certainly known who the chairmen of all the committees were. Dr. Stearns, chairman of the Committee on Surgery, stated that he had been unable to gather from the physicians in Southern Illinois sufficient materials for such a report as he had desired to present, but he had collected some facts, and asked to be continued on the committee, which was granted.

Members appointed at the previous meeting were called upon for their essays, upon which Dr. Moore read an able paper upon Milk Sickness, which gave rise to an animated and interesting discussion touching the cause, symptoms, pathology and treatment of the disease. Drs. Wilkins, Stearns and Barber denied the specific existence of such a disease as is supposed by some to be conveyed into the human system by using the flesh, milk or butter of the cow, and claimed that the symptoms and treatment said to be most successful indicated nothing more than congestion of the stomach and bowels.

Drs. Hotchkiss, Haller, McCord, Moore, Bundy and others maintained that it was a disease *sui generis*, confined to certain localities, more common in the fall season, first attacking cattle, sheep, etc., and thence transferred into the systems of those who use their flesh, milk or butter; having its origin, as they supposed, in some unknown specific poison.

After a general interchange of views, it was agreed to hold the next meeting of the Association in Anna (or Jonesboro), Union County, Ill., commencing on the second Tuesday in November, 1857, with the hope of meeting a large number of the profession in the southern counties.

Standing Committees to report at next meeting were then appointed, as follows:

Committee on Arrangements—Drs. S. S. Condon, J. V. Brooks and H. C. Hacker.

Practical Medicine—Drs. G. W. Hotchkiss, of Nashville (chairman), D. H. McCord and Wm. H. Burns.

Surgery—Drs. A. D. Stearns, of Vandalia (chairman), P. B. Marshall and John W. Cameron.

Obstetrics—Drs. H. B. Lucas, of Richview (chairman), C. W. Dunning and Wm. White.

Drugs and Medicines—Drs. F. B. Haller, of Vandalia (chairman), W. C. Pace and D. N. Moore.

The President then appointed A. D. Stearns, H. Barber and D. N. Moore Censors for the ensuing year.

The committee appointed to draft a Fee Bill presented their report, which, after considerable discussion and a slight amendment, was unanimously adopted, and recommended to the profession in this portion of the State.

On motion, the meeting adjourned one hour for supper, to meet at the church at 7 o'clock, to hear the annual address, and come to order again at the call of the Chair.

At 7 o'clock the Association and citizens of Richview assembled at the church, and listened to the very able address of Dr. F. B. Haller, on the "History of Ancient Medicine."

The address was well delivered, and, for professional learning and historical research, will prove a valuable addition to any library. After the address, the members repaired to "Odd Fellows' Hall," and were again called to order.

On motion of Dr. Hotchkiss,

Resolved, That the thanks of the Association are hereby tendered to Dr. Haller, in consideration of his very able address, and he is requested to furnish a copy for publication.

The following gentlemen were appointed delegates to the

State Medical Association, to meet in Chicago, on the first Tuesday in June, 1857, viz.: F. B. Haller, S. S. Bundy, C. W. Dunning and H. B. Lucas.

On motion of Dr. Bundy, S. S. Condon, M. D., of Jonesboro, was elected a member of the Association, and Drs. S. S. Condon, D. H. McCord and James Phillips added to the delegation.

On motion of Dr. Stearns, G. L. Jackson, M. D., was elected a member of the Association.

In compliance with the Constitution, the President appointed G. W. Hotchkiss, M. D., to deliver a public address at the semi-annual meeting in November; H. Barber, M. D., to write an essay on some medical subject; and S. H. Bundy, M. D., to deliver the next annual address.

Dr. A. D. Stearns was appointed to prepare an essay for the next meeting on the use of Quinine in the treatment of Pneumonia and kindred diseases, and Dr. John S. Murphy to prepare an essay on the Causes, Pathology and Treatment of Typhoid Fever.

On motion, the Committee on Publications was directed to print 500 copies of the Constitution and By-Laws, 300 of the Fee Bill, and 500 of the proceedings of this meeting, for distribution in Southern Illinois.

On motion of Dr. Haller,

Resolved, That the proceedings of this meeting be published in the "North-Western Medical and Surgical Journal," and all the papers in Southern Illinois.

Dr. Bundy was appointed to take charge of the publication and distribution of the above documents.

It was ordered by the Association that the members report to Dr. Bundy the addresses of the physicians in their respective counties; and that he adopt such measures as will enable him to learn the address of each regular physician in Southern Illinois.

On motion, the Association adjourned to meet in Anna (or Jonesboro), at 11 o'clock A. M., on the second Tuesday in November, 1857.

THOS. WILKINS, M. D., *President*.

J. S. MURPHY, M. D., *Secretary*.

BOOK NOTICES.

Transactions of the Indiana State Medical Society, at its Eighth Annual Session, held in the City of Indianapolis, May 19th, 1857.

This is a well printed pamphlet of 74 pages, containing an abstract of the proceedings of the Society at its late meeting; together with the reports of Committees, the Constitution and By-laws of the Society, and Names of Members.

The recent meeting seems to have been well attended, and highly interesting to the profession of that State.

From the reports we copy the following, which our readers will find well worth a perusal:

ON DISEASES OF THE EYE AND EAR, BY THEOPHILUS PARVIN, M. D., CHAIRMAN OF THE COMMITTEE.

Ophthalmic and Aural Pathology are connected by more than a conventional union. Analogies which obtain between light and sound, between the anatomy and physiology of the eye, and the anatomy and physiology of the ear, have counterparts in the morbid conditions to which the organs of vision and hearing are subject. Another bond of union is found in the fact that disease of the one organ may be associated with disease of the other, or may be metastatic with reference to it; nor are these facts at all surprising *a priori*, when we remember the continuity of structure belonging to the mucous membrane of the eye and lids, and that which lines the eustachian tube and internal ear; and moreover, that this membrane is continuous with that of the alimentary canal, and thereby a wide range of sympathetic action must be established, that may evince itself in disorder not only of either of these organs of special sense, but of both together, or of both alternately.

The essential character of an eye or of an ear is an expansion of nervous matter, excitement of which by any cause produces the sensation of *light* in the case of the former, of *sound* in that of the latter. For the perfection of each, so that one may be a complete optical instrument, the other a complete acoustic apparatus, certain subsidiary parts are essential; while nature, with consummate wisdom, provides for the protection of each by defences of bone and sentinel nerves.

We have much oftener to treat maladies located in one or more of those subsidiary parts than those belonging to the true

eye or ear. In St. Mark's Hospital, during a period of eight years, among 2,385 patients there were but 114 cases of nervous deafness, while there were 553 of inflammation of the external meatus. In the Glasgow Eye Infirmary, during the year 1851, there were, of 1,048 patients, but 45 registered as having amaurosis, 156 with pure conjunctivitis, and in at least three hundred more the conjunctiva was affected with one or more of the other tissues of the ball, or of its appendages. In the Ophthalmic Hospital, at Canton, in the years 1850 and 1851, the entire number of patients being 3,759, diseases of the retina claimed but 165, while those of the conjunctiva had 1,356; and in the Royal London Ophthalmic Hospital, during a period of ten years, with 65,553 patients, the cases of amaurosis were but 4,865; and, on the other hand, conjunctival maladies numbered 35,193.

These statistics, taken at random from the records of various institutions, are introduced merely to present, in the most striking light, confirmation of the truth asserted—a truth which commands the immediate assent of every physician's knowledge and experience. This truth, however, does not diminish one tittle the demand for accurate diagnosis, and skillful and scientific treatment, when we reflect that disease of the secondary tissues may invade the nerve substance itself, or in its direct consequences be as damaging to the functions of the organ as if it had. Corneitis may terminate in retinitis, while the purulent ophthalmia have caused vastly more cases of blindness than have diseases of the retina. Deafness is much oftener consequent upon some malady of the meatus, or of the tympanal membrane, than of the auditory nerve.

In the investigation and in the treatment of diseases of the eye and of the ear, there are demanded not merely a thorough acquaintance with the anatomy of these organs, and a cultivation of the intellectual faculties, but likewise an education of touch, sight, and of hearing, too, since auscultation is resorted to as a means of diagnosis in aural pathology, and great dexterity, if not ambi-dexterity; nor should we omit from this catalogue of qualifications an accurate knowledge of optics and acoustics. Those who in this department have made themselves famous as practitioners and authors, have done it by laborious investigation, by patient observation, by studying, not merely books, but actual diseases, wherever found, and as often and under as varied circumstances as possible; indeed much must be learned in it as men learn a *trade*—by careful and continued practice.

It is unfortunately true, especially in our Western country,

that very many of the people are neither just to themselves nor just to our profession, as it regards diseases of the eye and ear; and men in most respects intelligent, who, when assailed by some general disease, would shrink from the presence of a quack as from pollution and death, readily employ such a character when an ophthalmic or aural malady is to be relieved. If the people alone were to blame for the support given ignorant or designing quackery, we might leave them with sightless eyes, or with deaf ears, and empty pockets, to bemoan sorely their own folly, trusting that eventually there would be a reaction from this greatest evil, and they would learn that their truest friends and wisest counsellors in every physical malady were the members of the regular profession. But should we not ask ourselves, have we cultivated these specialties as we ought? Have we educated ourselves more particularly in the diagnosis of diseases of the eye and of the ear, and likewise in their treatment? Should not some change be made in the teaching of our medical colleges—as recently suggested in the Cincinnati Medical Observer by one of the ablest and most eminent members of our profession in the State (Dr. Byford, of Evansville)—so that ophthalmic and aural maladies, and other specialties, if deemed necessary, shall be more thoroughly and completely taught?

In the brief period allotted to student life in our institutions devoted to medical instruction, crowding professors and cramming students, and with the few facilities for personal inspection, and, alas! too, with the unsatisfactory and partial preliminary training of very many who aspire to the doctorate, or rather upon whom the degree descends, how few there must be who at the outset of their professional career are qualified to diagnose one-fourth of the diseases of the eye or ear! Yea, how many practitioners may be found whose ophthalmic pathology is embraced in the words "sore eyes," and whose entire treatment in diseases of the ear consists in syringing the external meatus with tepid water, or astringent solutions, or introducing into it sweet oil and laudanum, or various stimulants and irritants. Surely the facilities for acquiring both theoretical and practical knowledge in these most important branches of our profession should be greatly increased; the medical student should hear more and see more of the diseases of the eye and of the ear, and every physician should be as thoroughly qualified for their treatment as he now is not only for general practice, but likewise for the duties of surgeon or accoucheur. Were this done, the richest field of quackery would be wrested from the vile harpies who now occupy it so

largely, and become the sole, undisputed and perpetual possession of legitimate medicine.

* * * * *

Having already spoken in somewhat general language of the diseases of the eye and of the ear, and also called attention to some of the more obvious relations which they sustain to our duties and interests, we propose more particular consideration of these diseases, merely in their therapeutical relations, endeavoring also to present a partial *resume* of recent important facts and truths pertinent to them.

Diseases of the ear have never commanded at the hands of the profession that study which is their due; for, in addition to the facts that the literature of the subject is but scanty, and the best of it of but recent origin, the study of the anatomical structure of the middle and external ear, still more of the changes induced by disease, is invested with many and serious difficulties. The function of hearing, too, is often impaired so gradually, and even its entire loss not being half such a calamity, either in reference to happiness or usefulness as the destruction of vision, the physician is not consulted until even the most intelligent treatment would often fail in effecting cure, or even relief. The testimony of one of the ablest writers upon diseases of the ear is, that aural surgery is now no farther advanced than ophthalmic surgery was fifty years ago.

The general principles of scientific medicine and surgery are undoubtedly our best guides in the study, examination and treatment of diseases of the ear. That important first step—diagnosis—is especially important in all aural diseases. Indeed it might be advisable, when the diagnosis cannot be satisfactorily made, to decline treating cases. For the exploration of the external ear, sunlight is undoubtedly preferable to any artificial light; and the polished tubular silver speculum will be found, as a general thing, much better than the valved instrument. Catheterism of the Eustachian tube is an operation which is not only dangerous, but is rarely necessary, and as rarely, perhaps, beneficial; therefore, the physician who attempts it should not only be satisfied of his skill, but likewise of the absolute necessity for the step. As a general thing, we use the same ointments and solutions in diseases of the external ear that we do in analogous diseases of the eye.

Among the recent novelties in aural practice may be mentioned a method of treating otorrhœa, proposed by Mr. James Yearsly, which consists in applying dry cotton, pressing it directly upon the suppurating surfaces, after having cleaned the meatus by gentle syringing and a porte sponge. Mr.

Yearsley's plan, however, receives decided condemnation from Mr. Toynbee, who, as you well know, is one of the very first authorities in aural diseases.

Mr. Westropp, of Bristol, proposes a new form of artificial *membrana tympani*: it is made by dipping an oiled stick, cut in the proper shape, into a chloroformic solution of gutta percha, repeating this until a film of sufficient thickness is formed to peel off in one unbroken piece. The membrane thus formed will be a tube closed at one end. This is found to answer a better purpose, in many cases, than the dry cotton plan of Yearsley, or the vulcanized india-rubber membrane of Toynbee.

The Ophthalmoscope marks a new era in the investigation of certain diseases of the eye. It should be a matter of pride to us that a native of our own State, Dr. E. Williams, now of Cincinnati, introduced this instrument in London—Dr. Dixon using his instrument in the Royal London Ophthalmic Hospital; and Dr. Williams' was among the first and most complete accounts of the ophthalmoscope, the method of using it, and the revelations made by it, published in the English language. The ophthalmoscope is now a *sine qua non* to every one who wishes to be completely prepared for the diagnosis of the various diseases of the eye. However beautiful in theory this exploration of the posterior segment of the ball, so that organic changes may be as accurately and fully known as if located in the cornea, may be, yet it must be confessed that, in practice, the ophthalmoscope is of more negative than positive value. Its use is prevented by several pathological conditions which may obtain in the anterior segment of the ball; and, on the other hand, the evil consequences which may result from its application forbid a rash resort to it. "The chief value of the ophthalmoscope," according to Mr. Dixon, "seems to consist in enabling the surgeon to set aside, as positively hopeless, a large number of cases formerly termed *amaurotic*, or nervous, which were assumed to be still curable, because their real nature could not be demonstrated."

The method of sub-conjunctival section in operating for strabismus, proposed by Guerin seven years since, is now meeting with considerable favor. Various forms have been given to the knife for cutting the tendon, while Mr. Critchett recommends blunt-pointed scissors. Just here we would remark that the boldest plagiarism we ever met with in medical literature has been recently perpetrated by either a man or a myth, under the name, titles, etc., of "Thomas Graham, M. D., F. R. C. S., etc., etc., late of Sidney, Australia." The original article is

by Mr. Critchett, and is published in the London Lancet, May, 1856; while the plagiarism is published as an *original* article in the second number of the North American Medico-Chirurgical Review, March, 1857. It is strange that Professors Gross and Richardson could be so imposed upon.

The majority of ophthalmologists still adhere to the nitrate of silver treatment in the purulent ophthalmia, although there is great diversity in the strength of the solution resorted to, some using but one grain of the salt to the fluid ounce of water, while the greater number prefer from two to six, or eight, or even ten grains.

We have in the purulent affections of the conjunctiva a perversion of the normal function of that tissue. We know that the laryngeal and tracheal mucous membrane, in a certain form of inflammation, instead of elaborating its normal secretion, proceeds a step higher in the scale of vital actions, and exudes lymph. In like manner the degree of inflammation is such, combined with exposure to the atmosphere, that the conjunctiva produces a true purulent secretion—exudation corpuscles are converted into pus-globules. Now in each of these morbid conditions the voice of intelligent experience declares unequivocally in favor of the efficacy of a solution of the nitrate of silver applied directly to the diseased surface; and possibly the philosophy of its action in each case is, that as an irritant or stimulant it induces a diseased condition inconsistent with that previously existing. It is not, however, all cases of conjunctivitis that should be treated with this remedy, but only those marked with decided purulent discharges. * * * *

In the treatment of the diseased condition of the conjunctiva, generally of that portion belonging to the upper lid, commonly known as granular lids, or granular conjunctivitis, but which is really hypertrophy of the villous tissue, but little progress seems to have been made recently. As local applications to the morbid growth, escharotics are relied on by some, astringents by others, while most use both. The late Mr. Tyrrell, whose treatise on diseases of the eye cannot be too highly prized, was the first to introduce the mild plan of treating this disease, after having signally failed with the heroic measures pursued by Saunders; and certainly Mr. Tyrrell's success, mainly with the liquor plumbi sub-acetatis as a local application, is much in its favor.

Mr. Dixon speaks favorably of sugar of lead finely powdered and carefully dusted over the diseased surface, completely coating it and filling up all interstices. Dr. Jacob applies the same remedy to the inverted lid, but is careful to wash it off tho-

roughly. Mr. Dixon's mode of applying this remedy we believe to be palpably wrong. The treatment pursued by Jacob, along with other local remedies, such as sulphate of zinc and nitrate of silver in solution, conjoined with constitutional treatment, may sometimes be very beneficial; yet it must be confessed that the acetate of lead, thus applied, often produces an alarming degree of inflammation, and we cannot counsel this treatment. One of our number has recently found, in several cases, as a first application to the granular surface, nitrate of copper of great advantage; it is less painful than the sulphate, and its results more satisfactory; it requires time and more numerous experiments to decide upon its value.

Among other new local remedies, the chloride of zinc, one grain to the fluid ounce, has the authority of Mr. Critchett; while Dr. Hays, in the last edition of Lawrence, recommends, in certain obstinate cases, a solution of iodide of zinc—a remedy which has recently received the commendation of two other distinguished members of the profession, without according credit to Dr. Hays for its original suggestion—*per contra*, the iodide of zinc has not proved satisfactory in Dr. Fenner's hands.

Dr. C. S. Fenner, of Memphis, Tennessee, highly eulogizes the *phytolacca decandra* as an internal remedy in the treatment of granular lids. He writes, in the first number of the North American Medico-Chirurgical Review: "With the aid of this remedy, I have been enabled to effectually cure cases of granular conjunctiva that, without it, would have resisted all my efforts; indeed, with me it has proved almost a specific for the exacerbations attending this complaint. Patients under the influence of *phytolacca* often expose themselves, and take a severe cold, without affecting the eyes in the least." Dr. Parry, of Indianapolis, some time before the publication of Dr. Fenner's paper, made use of the poke root in the case of a patient who had an attack of rheumatism while laboring under a severe and obstinate conjunctivitis; in a short time the rheumatism yielded, and likewise the conjunctival inflammation, though this had previously resisted ordinary treatment.

Without constitutional treatment of some kind, we doubt whether any local means would alone effect a cure where there is a decided tendency to the production of large, spongy, bleeding granulations; nor do we believe that any of the various remedies resorted to approximate the character of a specific. Among constitutional remedies we believe that tonics, especially quinine and iron, occupy the first rank.

A European physician has recently found great benefit in two cases of marked albugo, from the use of galvanism; he also

found this remedy very useful in four cases of nervous palpebral palpitation. "In the first, persistent convulsive movements of the eye-lid, accompanied by great photophobia, had resisted other means. In the second, involuntary contraction, due to bad acquired habits, occurring in a girl ten years of age, were relieved. The third was another example of convulsive motion of the eye-lid, with photophobia; and the fourth was a case of ptosis."

Dr. Henry W. Williams, in a paper read before the Boston Society for Medical Observation, last August, and subsequently published in the Boston Medical and Surgical Journal, advocates the non-mercurial treatment of iritis, and adduces forty-eight cases, in the treatment of which no mercury was used, the result being uniformly favorable, except in four who had been injured by irregular practice. "The remedies mainly relied upon"—we quote from the Cincinnati Medical Observer—"were atropia, ten grains to the ounce, as a local application; iodide of potassium, quinine, opiates at night, and occasional leeches." The quantity of atropia is extravagantly and unnecessarily large; indeed, a solution of that strength would be highly irritating; and moreover, its application might be followed by fatal consequences. No doubt the iodide of potassium is the great curative agent in the treatment pursued by Dr. Williams—this remedy and turpentine ranking next in efficacy to mercury in iritis. Notwithstanding the favorable results following Dr. Williams' plan in the cases he reports, yet the contra-indications to the use of mercury must be very decided, before we would risk a case of acute inflammation of so important a structure as the iris, to such treatment.

A few years since Mr. Canton stated, in the London Lancet, that the *arcus senilis*, often seen in cataractous patients, though not exclusively in such, was a fatty degeneration, "and in no instance was this condition observed without there being fatty degeneration of the heart." Here he seems to have rested his investigation, not examining whether the opacity which may invade the lens in the aged might not, sometimes at least, be similar in cause and character to that affection of the cornea, the connection of which with cardiac disease he so clearly demonstrated. In the April number of the British and Foreign Medico-Chirurgical Review, Mr. Jordan, Demonstrator of Anatomy at the Queen's College, Birmingham, adduces nineteen cases of cataract, every one having disease, more or less serious, of the heart; "and in several of the cases a fatty condition of the heart might be reasonably predicted." Microscopic examination of an extracted cataract revealed fat globules

in the nuclei of the delicate cells covering the surface of the crystalline lens, and here and there a few delicate plates of cholesterine." If the question, "May not cataract be the result of a process identical with or analogous to fatty degeneration?" asked by Mr. Jordan, be answered in the affirmative, much light will be thrown on one of the obscure points in ophthalmic pathology, for certainly the nature and causes of simple, uncomplicated cataract have hitherto been but very partially known. As to the relation between heart disease and cataract, the writer would state that a few weeks since he operated for cataract upon a patient who presented decided evidence of disease of the heart. The patient—a female—was 63 years old, and had been remarkably healthy until within a few months, when she suffered from severe headaches and attacks of fainting, if she exerted herself much, or suddenly assumed an erect position, and her vision commenced failing in the right eye—the sight in the left was lost twenty years before from neglected iritis—a distinct *arcus senilis* marked each eye.

ON VERATRUM VIRIDE, BY P. H. JAMESON, M. D., MEMBER OF THE COMMITTEE.

Few articles of the *Materia Medica* are at present more the subject of thought and discussion among medical men, particularly in the South and West, than *Veratrum Viride*. This agent was known as a powerful remedy by the aborigines. Prof. Tully, of Yale College, is said to have used it for many years in his practice, and recommended its use in his lectures to his medical classes.

His student, Dr. Osgood, of Providence, in an essay published in the August number of the *American Journal of Medical Science*, in 1835, gives an account of many of its effects on the human system, particularly its sedative influence on the heart's action, and its want of cathartic power, unlike its congener, *Veratrum Alba*.

About six or seven years ago, the attention of medical men was again called to this remedy by Dr. W. C. Norwood, of Cokesbury, South Carolina; since which time few remedies have so speedily attained such prominence—not so much in books and journals as in the unwritten *materia medica* of the practical physician.

I have used this agent frequently within the last three years, and regard it as one of great power and certainty, and applicable to many of the forms of disease which are constantly occurring. With Dr. Wood, I consider *Veratrum Viride* a nervous sedative, which acts directly on that part of the nervous system governing the circulatory function, and not indirectly

through a nauseant impression, as supposed by some observers. There is often a marked diminution of the frequency of the pulse, without the least nausea, as I have frequently noticed; and, under similar circumstances, Dr. Norwood has observed its reduction to thirty-five beats in a minute. On the contrary, there is sometimes nausea without the circulation being affected.

These circumstances favor the idea that the emetic qualities of *Veratrum Viride* are incidental, possibly dependent upon the existence of several primary elements, to which its nauseant and sedative properties are respectively referable. Dr. Norwood claims that this remedy is alterative, or deobstruent, in a degree; also, an expectorant, diaphoretic, nervine, emetic, and an arterial sedative; at the same time disclaiming for it any narcotic properties whatever. It is not improbable that most of the effects here claimed, are the results of its sedative action. Arterial excitement is not favorable to secretion, or the due performance of the function of any organ; and its reduction is likely to be followed by a more healthy action. I have administered this remedy in pneumonia, typhoid and puerperal fevers, with very satisfactory results.

In pneumonia it is an agent of great power and utility. It is needless to discuss the pathology of this disease minutely. When there is a disproportion between the breathing surfaces and the quantity of blood thrown into the vessels of the lungs, respiration, a great vital function, is at once impaired, and each extra stroke of the heart increases the difficulty. To relieve this condition, when the constitution will admit of it, the intelligent practitioner makes haste to employ the lancet, antimony or mercury, singly or in combination, for the purpose of quieting the heart and changing the quality of the circulatory fluid, by lessening its inflammatory properties. After a free blood-letting, who has not seen his pneumonic patient breathe with that intense satisfaction with which the thirsty man quaffs the pure water, or express himself as comfortable when brought under the intolerable nausea of tartar emetic.

Veratrum Viride is a remedy which I have often seen produce these salutary effects in a marked degree, without loss of blood, nausea, or salivation, which quiets the heart, increases expectoration, and indirectly restores the depurating functions of the liver and kidneys. In different cases it may be given with benefit either after blood-letting or along with quinine. A good mode of prescribing it for the adult is about this:

R Tinct. Verat. Vir. (Norwood's), f. ʒi.

Nit. Potass. Pur., ʒi.

Aqua, ʒi.

M. A teaspoonful every four hours, to be alternated with small doses of mercury, if deemed advisable. This treatment alone, continued for twelve or eighteen hours, I have seen produce most satisfactory results, the patient's condition being very similar to that observed, in such cases, after a copious blood-letting. The pulse will be softened, and have come down from a hundred, or a hundred and ten, to seventy or eighty; and this, in many cases, without nausea. If the remedy fails, the dose may be increased gradually till it is nearly doubled: this is seldom necessary. It is wrong, and hazardous, I think, to force the pulse down at once by full doses; and needless to reduce it below what, in a given case, may be considered a normal standard as to frequency. A greater reduction than this must in some degree interfere with the due performance of the functions of the system generally; and to cause it is to tamper with a remedy whose power may not be fully understood. After the first twenty-four or forty-eight hours, the dose may be diminished one-third, one-half, or even more, unless the pulse should rise, and the symptoms grow worse; such being the case, the dose should be increased.

One considerable advantage which this remedy possesses over tartar emetic is, that it does not purge, which is often a serious objection to the use of antimonials in pneumonia. I have administered *veratrum viride*, in many cases of pneumonia, to patients of all ages and both sexes, and I am confident that the average duration of the attack has been shorter, and the patient has suffered less from the disease, than under any other mode of treatment which I have witnessed.

Verat. vir. is also a good remedy in many cases of typhoid fever, especially where there is a dry, hot skin, parched, dark-brown tongue, and a quick, sharp pulse, with sleeplessness. Some of you will doubtless recollect that Dr. Graves recommends tartar emetic, in such cases, to procure rest. Six drops may be given every four hours, combined with *nit. pot.*, and if there is irritability of the stomach or bowels, a little morphine may be added. If the pulse is not reduced in twenty-four hours, the dose may be increased. When the pulse is as low as seventy, in the adult, I do not attempt a further reduction. Under this treatment the skin becomes moist and cool, the urinary secretion increased, and the tongue is less dry; indeed, all the symptoms of the disease are mitigated, and in some cases, I have no doubt, the duration of the fever is shortened. It is but fair to add, that in both typhoid fever and pneumonia I have sometimes, though rarely, administered *verat. vir.* so as to produce nausea, without the least impression upon the circu-

lation, and, consequently, with no benefit to the patient. This remedy is valuable, not only in such cases of typhoid fever as before referred to, but in all cases where the pulse rises above one hundred, whether attended with restlessness or stupor.

I have employed *verat. vir.* in two cases of puerperal fever, with what I consider favorable results.

The first of these cases occurred at a time when puerperal fever was quite prevalent and fatal. The effect of the *verat. vir.* during the first four days of treatment was to reduce the pulse from 140 to 76 beats per minute, almost without nausea or vomiting. What seemed remarkable was, that the pain was greatest when the pulse was least frequent. This may have been owing to the return of vitality, under the influence of the remedy, for it is well known that want of vitality in the affected structures sometimes renders this disease almost painless. Calomel, opium, and other remedies were freely employed; still, I believe that if the patient owed her recovery to the treatment, the credit was mainly due *verat. vir.*

A very rapid pulse is characteristic of puerperal fever; it is generally small, because the great current of the blood is diverted from its natural channel, and thrown on to the weakened and congested capillaries of the inflamed peritoneum. These vessels cannot unload themselves until the heart's action is reduced. To accomplish this end, Dr. Gordon, of the last century, Dr. Robert Lee, the younger Baudolocque, Dr. Meigs, and many others, advise us to bleed early and freely, and repeat as often as the pulse rises. However scientific this treatment may be, I believe it does not meet with the general approval of Western physicians. Bleeding modifies the character of the blood by lessening its vitality, which, in this locality, is not always desirable.

With the *verat. vir.* the pulse can be as much reduced in frequency, and kept down as long as the practitioner desires. With it, puerperal fever may be, if not arrested at its outset, modified in its course, and effusion, that most fatal of its consequences, in many cases prevented.

The question arises in the mind of the practitioner, whether *verat. vir.*, acting with such power and certainty on the heart, is a safe remedy. Digitalis, very like it in some respects, is known to be poisonous, and few administer it without a certain degree of caution. In Dr. Wood's new work is given a statement of Dr. Osgood, that the farmers of New England, to protect their crops from birds, were in the habit of scattering in their fields corn which had been soaked in an infusion of

American hellebore. The birds, after eating this grain, became paralyzed, and in this condition were readily caught; but, if not disturbed, the effect soon passed off, and they flew away unharmed.

Dr. Wood also states that he has seen no account of fatal poisoning from the use of this agent. Prof. Winston, of the Medical Department of the University of Nashville, in a paper read before the State Medical Society of Tennessee, says: "The most remarkable, and at the same time the most important effect of *verat. vir.* is, the reduction of the heart's action, and that, too, with entire safety to the patient." His position and locality are certainly favorable for observing on this subject. But the foregoing testimony, however high, is negative. Dr. W. A. Brown, in a paper published in the October number of the Nashville Medical Journal for 1856, contends with great vehemence that this agent is an abortive, and speaks incidentally of its poisonous qualities. His paper, claiming to be a review of Prof. Winston, contains no case or fact shedding much light upon the subject, and can only be regarded as the opinions of Dr. Brown, expressed in a very decided manner. The idea is not unreasonable, that a medicine which makes a profound impression on the nerves of organic life, may so far interfere with the functions of the uterus as to cause abortion, although I have witnessed no such effect from *veratrum viride*.

During the last winter, at a meeting of the Indianapolis Medical Association, *verat. vir.* was incidentally discussed. One of our most prominent practitioners, whose opinions deserve high consideration, stated that he had seen a little patient sink under the depressing influence of that agent; the pulse was reduced to 35 or 40, and the child died. Considering the case as almost hopeless, he had given the medicine as a last resort.

A patient in my care, affected with pneumonia, died rather singularly. In conclusion, I shall venture to report this case from memory, and leave you to make your own inferences. The patient was a rather delicate lady, about 30 years of age; but, as I learned from her husband, subject to hysteria. She was severely attacked with pleuro-pneumonia, was very restless, suffered acutely, and was uncommonly nervous. I gave her *veratrum vir.* in small doses once in four hours, along with other remedies. When I visited her on the morning of the fifth day, she was sitting up; she greeted me with a laugh, said she had passed a pleasant night, and seemed to think herself about well. I discovered nothing remarkable in her condition,

except a little nervousness and coldness of the extremities. She was directed to return to bed, a cordial prescribed for her, and I left her without much concern. I was hastily called again about noon, when I found her in a most alarming condition; the head was thrown back, the eyes turned up, the power of deglutition had failed, and breathing was performed with the utmost difficulty. There was a bloody froth about the mouth. The pulse, weak and irregular, was about 120. The extremities were cold, but there was great heat about the head and chest. As to treatment, all was done that could be, in the way of external remedies, and enemata; but the patient died that night at 10 o'clock. There was no *post mortem* examination, but I supposed the immediate cause of death to have been congestion of the lungs, and about the heart. She had been affected with ague the previous autumn.

Unless corroborated by other cases, it would be hasty and illogical to conclude that this result was the sole effect of *veratrum viride*. I lately saw an account of the death of a surgical patient from congestion of the lungs, in a locality, where, I presume, this agent was never heard of. The previous malarious impression, or imprudent sitting up, were the more probable causes of this fatal congestion. The *veratrum* might possibly have acted in conjunction with these causes; and if the mere suspicion will serve to put others on their guard, as it did me, I shall have attained my object in referring to this case.

Sometimes, though very rarely, *verat. vir.* produces nausea and vomiting, with great depression; but I have seen worse effects, and harder to correct, from antimony. There are sometimes sensations of choking or smothering, and difficulty in breathing; or there may be hiccough or dizziness—all of which soon pass away when the use of the remedy is suspended. Like mercury, antimony, opium, quinine or chloroform, *verat. vir.* is not only powerful for good, but doubtless, in unskillful hands, sometimes potent for evil. That which can do no harm seldom does any good. A misstroke of the surgeon's knife may destroy the life of his subject. As that surgeon approximates most nearly to perfection in his calling who knows not only how, but when, to use the knife, so that physician attains the highest degree of excellence in his profession who can secure to his patient the good without the evil effects of a powerful agent, and know when it is required. In this consists the distinction between the true physician and the charlatan.

The report on Medical Education will be noticed in another place.

SELECTIONS.

Dr. Edward Brown-Sequard's Experimental and Clinical Researches, applied to Physiology and Pathology.

EPILEPSY—(Continued).

§ XIV. We have tried, in the preceding part of this paper (sec. XIII.), to show the deficiencies of the principal theories of epilepsy. We will now state our own views; but, before doing so, we wish to declare that we do not pretend to give here a complete theory of epilepsy; we will merely try to elucidate some of the principal questions on this difficult subject.

I have ascertained upon my epileptic animals that the brain is not essential to the production of epileptiform convulsions. After I have taken away the brain proper, in one of these animals, I find that I can produce a fit almost as easily as before the operation, by pinching the skin of the face and neck. The only difference is, that the fit is not so violent, in consequence of the loss of blood. We find that still weaker convulsions may be caused by pinching the face and neck, if, besides the cerebral lobes, we take away the cerebellum, and even the whole of the basis of the encephalon, except the medulla oblongata and the pons Varolii.

From these experiments, it results that, in my animals, epilepsy has its seat in either the pons Varolii, the medulla oblongata, or the spinal cord, or in these three parts together. It is very probable that its seat is in the upper part of the spinal cord, in the medulla oblongata, and the pons Varolii, where the roots of the trigeminal and of the first spinal nerves have their origin. According to some experiments made by Edward Weber and Dr. R. B. Todd, the faculty of producing epileptiform convulsions does not belong to the spinal cord. E. Weber (*Art. Muskelbewegung*, p. 16, in Wagner's *Handwörterbuch der Physiol.*) says, that the application of an electro-magnetic current to the spinal cord of frogs produces tetanic convulsions, while its application to the medulla oblongata causes alternate contractions and relaxations, as in epileptic fits. Dr. R. B. Todd (*London Med. Gazette*, May 11, 1849) states, that while the convulsions excited by the electro-magnetic current passing through the spinal cord and medulla oblongata are tetanic, the muscles being thrown into a state of *fixed* contraction, those which ensue when the current is transmitted through the region of the meso-cephalon and corpora quadrigemina are *epileptic*, being combined movements of *alternate* contraction

and relaxation, flexion and extension, affecting the muscles of all the limbs, of the trunk, and of the eyes, which roll about just as in epilepsy. We have performed similar experiments upon rabbits and frogs, which have given almost the same results. In rabbits, when the current has passed through the pons Varolii and the tubercula quadrigemina, there were alternate movements of flexion and extension, resembling those of epilepsy, but much more extensive. When the current passed through the medulla oblongata, there were tetanic movements of the anterior limbs, with epileptiform convulsions of the posterior limbs; sometimes the anterior limbs also had epileptiform convulsions. When the current passed through the spinal cord, a tetanic spasm was produced. We have found that a state strongly resembling a fit of epilepsy exists after a transversal section of the upper part of the medulla oblongata, which state continues to exist as long as the animal lives. We must not, however, conclude from these experiments that the seat of epilepsy is only and always in one or in all of these parts—the tubercula quadrigemina, the pons Varolii and the medulla oblongata. Pressure upon these parts has often taken place in man without causing epileptiform convulsions, or convulsions of any kind. More than ten of the cases of organic diseases of the encephalon, collected by Abercrombie (*Path. and Pract. Researches on the Diseases of the Brain and Spinal Cord*, 4th ed., 1845, pp. 433-457), afford sufficient proof of this assertion. The results of the experiments of Weber, of Dr. Todd, and of our own, are certainly interesting, but they cannot lead to the conclusion that the convulsions of epilepsy in man result *constantly* from some affection of the quadrigeminal bodies (as Dr. Todd believes), or of the pons Varolii and medulla oblongata. It must be remembered that the experiments upon animals are made on healthy nervous centres, and that disease changes the vital properties of these centres. Tetanus, or at least tetanic convulsions, are sometimes due to diseases of the encephalon; and we have shown already (sec. X.) that the nature of the convulsions has not any constant relation with the parts of the cerebro-spinal axis (spinal cord or encephalon), primarily diseased in epilepsy. We know that the muscles animated by nerves arising from the encephalon, or by nerves from the spinal cord, very often exhibit the same kind of convulsions in epilepsy, in tetanus, in hydrophobia, in poisoning, etc. Besides, in a great many epileptics, the first convulsions in an attack are tonic (tetanic), and they are succeeded by clonic convulsions. In other epileptics the fits are sometimes entirely tetanic, and sometimes,

though more rarely, entirely clonic. In certain animals, Dr. Martin-Magron and myself have discovered (see my *Experimental Researches Applied to Physiology and Pathology*, New York, 1853, p. 20) that irritation of the medulla oblongata caused by tearing out the facial nerve causes convulsions, which are partly tonic and partly clonic. Other irritations of the medulla oblongata, of the upper part of the spinal cord, of the pons Varolii and of its peduncles, of the tubercula quadrigemina, of the auditory nerve, etc., cause also tonic and clonic convulsions (see my work just quoted, pp. 18-23 and p. 99). These facts, and many others, compared to the effects of galvanization, show positively that different kinds of irritation produce different effects; and, therefore, we cannot conclude from the fact that epileptiform convulsions are produced by galvanic irritation of the pons Varolii, or other parts of the encephalon, that it is an irritation of these nervous centres which causes epilepsy in man.

If we neglect the nature of the convulsions, and take notice only of the parts of the body where they first occur, we arrive at the conclusion that the seat of epilepsy is very variable. Usually, however, the first spasmodic contractions occur in the muscles of the larynx, of the neck, of the eyes, of the chest, of the face, and in the blood-vessels of the brain proper, as we will show hereafter; and as these parts are animated by nerves coming from the encephalon and from the upper parts of the spinal cord, it seems that the seat of epilepsy is usually in some of these parts, if not in all. But the seat of this disease may be in other parts of the spinal cord, as seems to be proved by the production of the first spasmodic contractions in one of the limbs, either the inferior or superior. After the first fits, all the muscles of the body may be attacked with convulsions; so that, if we take notice of the loss of the actions of the brain proper, there is ground for thinking that the seat of the disease is both in those parts of the cerebro-spinal axis, where reside the faculties of perception and volition, and in those endowed with the reflex faculty; but this view is right only in appearance. We have shown already (sec. XIII.) that the loss of perception and volition does not prove that epilepsy has its seat in the brain proper; we will try, in a moment, to show the great probability that a contraction of the blood-vessels of the brain proper, due to an irritation of their nerves in the spinal cord and medulla oblongata, causes the loss of the cerebral faculties; and as regards the increase of the reflex faculty, we will show that a partial and a local increase is sufficient for the production of fits.

Are epileptic fits always the result of an excitation of the cerebro-spinal axis? We think that it is so; but we consider it possible, however, that the excitation arises from chemical and physical changes taking place in the elements of the nervous centres, from bad nutrition and other causes. In this case it is just the same thing as if an excitation was produced by a tumor, by a poison in the blood, or by a nervous influence arising from some irritated nerve, etc.

As physiology teaches that irritation of the simple direct motor side of the cerebro-spinal axis cannot cause general convulsions, we are entitled to consider as reflex the convulsive movements which result from direct excitations of the nervous centres, as well as those which result from irritations coming from peripheric nerve-fibres. The so called *centric* and *eccentric* causes of excitation of epileptic fits, both act on, or through the sensitive side of the cerebro-spinal centres, and consequently both act on the reflex faculty of these centres, so that they both ought to be called reflex excitations.

We think epilepsy depends in a great measure on an increased reflex excitability of certain parts of the cerebro-spinal axis. We shall no longer speak of reflex *faculty* or reflex *property*, because these words do not express what they mean. In all muscular and nervous tissues we find two distinct properties: a property of producing action, the force of which may vary extremely; and a property of receiving excitations, which we call excitability. One of these two properties may be very strong, while the other is very weak. Take, for instance, the muscles of cold-blooded animals; when the temperature is high, on the contrary, the least excitability induces them to contract, but their contraction is without force. Again, if we take an atrophied muscle, we find, sometimes, that it may be excited to contract by a galvanic current too weak to excite contractions in a healthy muscle, while, if we apply a strong stimulus to both, we find that the healthy muscle contracts with much more force than the atrophied one. Many experiments, which we will publish in another paper, have shown us that the reflex faculty of the cerebro-spinal axis is composed, as the muscular contractility is, of two elementary, vital properties, one of which we call the *reflex excitability*, and the other the *reflex force*. The cerebro-spinal axis may have a great reflex force, and very little excitability. It may, on the contrary, have an excessive reflex excitability with very little reflex force. In almost all epileptics, if not in all, the reflex excitability is increased, while the reflex force is rarely above, and often below its normal degree. The reflex excitability may

not be much increased, although it is sufficient for the production of the fit, when certain excitations exist. I have found in my animals that there is not a great increase of the reflex excitability of the cerebro-spinal axis, except in a part of the the spinal cord which is separated from the rest, and has no share in the fits. In several persons attacked with epilepsy, I have ascertained that the excitations most capable of producing reflex movements did not act more powerfully than in healthy persons, although the experiments were made a short time before a seizure—that is, at a time when the reflex excitability ought to have been at its highest degree. In a young girl, particularly, we have ascertained that tickling the sole of the foot, the axilla, the lips, etc., produced less reflex movements than usual, although she was then expecting a fit, which came on, in fact, about ten minutes afterward. The researches made by Romberg and Professor Hasse (see his admirable work on *Krankheiten des Nervenapparates*, in Virchow's *Handbuch der Pathologie*, Vol. IV., Part 1st, 1855, p. 254) on the production of reflex movements during fits of epilepsy, cannot prove much against or in favor of the existence of a great reflex excitability, or reflex force in epileptics, because if the experiment be made in the beginning of the fit, it is almost impossible to know whether the convulsions result from the experimental excitations, or are normal parts of the fit; and if the experiment is made at the end of the fit, the absence then of reflex movements proves only that the fit has exhausted the vital properties of the muscular and nervous tissues. Hasse concludes, from his own and from Romberg's experiments, that the greatest variety in the energy of reflex phenomena exists during the fits of epilepsy.

Whilst we admit that in epilepsy there is almost always, and perhaps always, an increased reflex excitability, alone or together, with an increased reflex force, we admit also that there is, in a great many cases of fits of epilepsy, a special kind of excitation, acting on the nervous centres. There are, therefore, three distinct elements for the production of a fit.

1st. Increase of the *force* of the reflex property.

2d. Increase of the *excitability* of this property.

3d. An excitation of a special nature, or a very violent one.

Of these three elements, the last two are the most frequent, and perhaps, as we have said, the first of these two is essential. As regards the share of special excitation in the causation of epilepsy, the cases we have related of the cure of this disease by the section of a nerve, by ligatures, etc., show how considerable it must be. But in my animals we have, in this respect,

a better illustration. When the nerves going to the parts of the face and neck, by the irritation of which we are able to cause fits, are laid bare, we find that their irritation does not produce convulsions. If, in these animals, the fits depended only upon an increased reflex excitability of the parts of the nervous centre, whence the nerves originate, we should see convulsions follow when we irritate the trunks of these nerves. As there are none, we must admit that when an irritation (and a slight one is often sufficient) to the cutaneous ramifications of these nerves in the skin causes a fit, there is something special in the nature of the excitation springing from these cutaneous nerves. However, there is in my epileptic animals an increased degree of reflex excitability in the cerebro-spinal axis, as we find, even after the section of the nerves of the face and neck, that they have convulsions sooner, and lasting longer, than a healthy animal, when we prevent them from breathing for two or three minutes.

(To be Continued.)

EDITORIAL.

The New City Hospital and the Board of Health.

Many of our readers may have learned from the daily papers of this city that a new hospital has been built, under the direction of the Board of Health, at an expense to the City Treasury of \$30,000 or \$40,000. A few weeks since, when the building was nearly completed, the Board of Health undertook to make the appointments necessary for putting the institution into active operation. For the purpose of rendering the hospital in the highest degree useful, and keeping the medical appointments, at least, free from political or partizan influences, the Board had been informed that on the adoption of a liberal and enlightened plan of organization, the services of a sufficient number of competent physicians and surgeons could be secured without expense to the city. When they came to make the appointments, however, they selected two distinct medical boards, each composed of eight members, viz.: six visiting physicians and surgeons, and two consulting.

One of these boards was styled the "Homœopathic Medical Board," and the other the "*Allopathic Medical Board*."

To the first was assigned one quarter of the hospital building only; but, in all other respects, they were placed on a perfect equality with each other. The editor of this Journal was honored with an appointment as one of the "consulting physicians to the *Allopathic Medical Board*."

This honor, however, was promptly declined, and the Board of Health informed that I belonged to no special *pathy* in medicine, and that if they wished to make use of the sick poor of this city to test the merits of the various *pathys* and *isms* of the day, they must do it without my assistance. This caused much fluttering on the part of the homœopathists and their friends, and called down upon myself no little personal censure. Meantime the Board of Health seem to have come to a stopping place. What they will ultimately do time alone will determine; but I shall have more to say on the subject hereafter.

Dysentery—Mortality of Chicago for July.

We take the following statistics from the *Daily Democratic Press*. It will be seen that the number of deaths for July is not above the average for the last three or four years; but it will be noted that an unusually large proportion of them are attributed to dysentery, and that more than two-thirds of the whole are children under three years of age. We have time to make but one remark on these results. We are satisfied that three-fourths of all this infant mortality is unnecessary. Scarcely a day passes that we do not see from a dozen to twenty of these sick children, and in regard to two-thirds of them the story is the same. The mother presents her baby, generally between three and twenty months old, emaciated to a skeleton, the skin hanging in wrinkles around its neck and limbs, its lips thin and pale, eyes sunken with that peculiar expression of meek sadness on its countenance which is so characteristic of this form of disease; and when asked how long the child has been sick, she answers, "Oh, it has had some diarrhœa two, three, and sometimes four weeks; but it was teething, and we did not think it much sick until the last few days, the

discharges have become very bad, looking like *corruption*, and often mixed with blood." "But why did you not do something for the child sooner?" "Because it was *cutting teeth* that caused the difficulty, and we did give it *castor oil* every few days." Now it is precisely this exceedingly erroneous idea, that because a child is "cutting its teeth," its diarrhœa is harmless, or needs no checking, which causes a sacrifice of more than one hundred infants in Chicago every July and August, simply because, under the influence of the error, a disease easily controlled in its early stages is allowed to go on, and often aggravated by castor oil or vermifuges, until the lining membrane of the bowels is ulcerated, the mesenteric glands enlarged, and the child is fatally exhausted. It is high time that the profession should communicate better information to all mothers with whom they come in contact.

The following are the statistics, viz. ;

MORTALITY OF THE CITY.

The total mortality for July is 250, which is a decrease, compared with the corresponding month last year.

The mortality for July for a series of years has been as follows :

'47	'48	'49	'50	'51	'52	'53	'54	'55	'56	'57
58	41	411	240	67	179	111	934	136	266	250

The diseases of the deceased of July, 1857, were as follows : consumption, 12; unknown, 1; dysentery, 92; accident, 7; jaundice, 1; measles, 17; brain fever, 1; inflammation of the lungs, 2; teething, 37; croup, 14; drowned, 5; scrofula, 2; scarlet fever, 5; whooping cough, 1; congestive chills, 1; typhoid fever, 4; typhus fever, 4; tumor of groin, 1; cholera infantum, 5; convulsions, 1; water on brain, 1; delirium tremens, 3; puerperal fever, 1; still born, 6; bilious fever, 2; diarrhœa, 15; coup de soleil, 1; inflammation of the bowels, 2; dropsy, 1; marasmus, 1; old age, 1. Total, 250.

Of the number of deaths for the past month, 197 were children under ten years of age, most of them under 3 years. Of the 92 deaths by dysentery, 74 were children under 6 years of age, most of them from 1 to 2.

The nativities of the deceased of the past month are as follows : Chicago, 180; other parts of the United States, 7; Ireland, 32; Germany, 11; Norway, 3; France, 1; Prussia, 1; Wales, 1; unknown, 14.

Abortion Case—Fatal Result.

It seems that in July last a girl named Regnet Lawson was brought from Bureau County, Ill., to this city, accompanied by one Dr. Swanzey, for the purpose of concealment while an abortion could be induced. It appears that the object was accomplished by the doctor just named, who soon after left the girl in charge of others, and returned home. The operation, which was performed by instruments, was followed by uterine and peritoneal inflammation, and death on the 31st of July. Through information communicated by Dr. Bevan, who had been called to attend the poor girl, the Coroner summoned a jury of inquest, which, after a thorough and careful examination of witnesses, returned the following verdict:

“STATE OF ILLINOIS, COOK COUNTY, SS.

At an inquisition began at the city of Chicago, within the county of Cook, on the 1st day of August, and concluded on the 6th day of August, in the year one thousand eight hundred and fifty-seven, before George Hansen, Coroner of said county, upon view of the body of a dead woman there lying dead, by the oaths of S. D. Childs, etc. (jurors named), good and lawful men, who, being charged and sworn, to inquire for the State of Illinois where, how and by what means the said dead woman came to her death, upon their oaths do say that the said dead body has been identified and proved to be the dead body of Regnet Lawson, late of said Cook County, aged twenty-eight years; that she came to her death at said Chicago on the 31st day of July last, about the hour of nine of the clock in the forenoon of that day, from peritoneal inflammation or child-birth fever, caused by abortion, which has taken place about one or two weeks previous, and that said abortion was brought on and produced by the use of a certain instrument called a male catheter, and which said instrument was used by Dr. James Swanzey and James H. Temple, in and upon the body of the said Regnet Lawson, on or about the 15th day of July last, at said Chicago, in a manner tending to destroy the life of the said Regnet Lawson, with the intent then and there unlawfully and wilfully to cause and produce the abortion aforesaid, she, the said Regnet Lawson, then and there pregnant; and that an abortion of the fetus of which she, the said Regnet Lawson, was then and there pregnant, was then and there caused and produced by the said Dr. Swanzey and James H.

Temple, in manner and by the means aforesaid, and that said abortion was the cause of the disease of which the body of the said Regnet Lawson came to its death, in manner and by the means aforesaid.

August 6, 1857.

Signed: S. D. Childs, foreman; W. F. Colby, W. W. Danenhower, Dolliver Walker, Julius Crone, J. M. Spears, Ernst Riedel, B. A. Stampofski, S. Beardley, W. F. Lavanway, William Yelverton and A. Gray.

The defendants, Dr. Swanzey and Mr. Temple, are still in custody, and are held on a Coroner's warrant. The next step will probably be an application for their release on a writ of habeas corpus."

The Mr. Temple named in the verdict is a resident of Bureau County, a widower, possessed of property, and hitherto bearing a respectable character. The girl had been living in his family, and was claimed to have become *enciente* by him. The preliminary inquiry seems to have fully identified him as the principal actor, who had employed Dr. Swanzey, with the hope of concealing one most atrocious crime by committing another.

Personally we know nothing of either of the parties implicated in this affair; but, if proved guilty, we hope they will suffer the full penalties of the law. If guilty, both of them should spend the remainder of their days at hard work in the Penitentiary. We have no language to express our contempt of the man claiming to be a member of an honorable profession, who will lend himself to the work of embryotic murder, and if we are ever tempted to aid customers down stairs with the toe of our boot in close contact with the gluteal region, it is when they come to solicit aid to get rid of a foetus in utero; and that, too, whether the applicant be male or female, married or unmarried. To ask a respectable physician to purposely produce abortion is as much an insult as to ask any other honorable citizen to commit a crime against the laws of God and man, for thirty pieces of silver. And the request should be as quickly and boldly resented. We make these remarks because many of our cotemporaries complain that such applications, even from married and respectable females, are amazingly frequent.

Professional Changes.

Dr. S. G. Armour, who recently resigned the Chair of Pathology and Clinical Medicine in the Ohio Medical College, at Cincinnati, has been elected to the same chair in the Missouri Medical College, of St. Louis. We are informed that Dr. Armour will make St. Louis his future place of residence.

SARGENT & ILSLEY'S

SOLUTION OF

CHLORIDE OF ZINC;

*For Purifying Sick Chambers, Sinks, Chamber Vessels,
Vaults, Cellars, and for Preserving Corpses, Pre-
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To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are offensive or injurious to health, has long occupied the attention of scientific men. It has been found that Chloride of Zinc possesses this power in a high degree, and is also safe, economical and convenient.

It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

Our solution is of uniform strength, containing 35 per cent. of the dry chloride, and for most purposes should be diluted with twenty times its bulk of water. It is the cheapest, most effectual and convenient disinfectant known.

Its application is perfectly safe, both to persons and property; it is also free from the noxious and disagreeable odor of the chloride of lime, and the objections pertaining to the various disinfectants in common use. Full directions accompany each bottle. Prepared by

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MEDICAL COLLEGE OF OHIO

SESSION OF 1857-8.

THE THIRTY-EIGHTH ANNUAL COURSE OF LECTURES IN THIS Institution will commence on the 15th of October, and continue until the 1st of March.

FACULTY.

- L. M. LAWSON, M.D., *Prof. of Practice of Med. and Clin. Med.*
 JESSE P. JUDKINS, M.D., *Prof. of Anatomy.*
 GEORGE C. BLACKMAN, M.D., *Prof. of Surgery and Clin. Surg.*
 GEORGE MENDENHALL, M.D., *Prof. of Obst. and Diseases of Women and Child.*
 JAMES GRAHAM, M.D., *Prof. of Materia Medica and Therap.*
 C. G. COMEGYS, M.D., *Prof. of Institutes of Medicine.*
 H. E. FOOTE, M.D., *Prof. of Chemistry.*
 THOMAS WOOD, M.D., *Prof. of Microscopic and Surgical Anatomy.*
 JOHN A. MURPHY, M.D., *Adjunct Prof. of Pract. of Medicine.*
 B. F. RICHARDSON, M.D., *Adjunct Prof. of Obst.*
 WM. CLENDENIN, M.D., *Demonstrator of Anatomy.*

CLINICAL INSTRUCTION.

The Faculty are determined to devote much of their time and attention to Clinical instruction. The patients of the Commercial Hospital, St. John's Hotel for Invalids and City Dispensary (which are under the exclusive control of the Med. Col. of Ohio), will be examined, prescribed for or operated upon daily in presence of the class.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be cheap and abundant.

F E E S.

Professor's Ticket,	\$80 00	Matriculation Ticket (paid	
Dissecting Ticket,	6 00	once),	\$5 00
Hospital Ticket,	5 00	Graduation Fee,	25 00

At the close of the Session, the Faculty will elect from the class seven House Physicians, to reside in the Hospital and Dispensary for one year.

For further information, call at the College on Sixth Street, between Vine and Race, Cincinnati; or address,

GEORGE MENDENHALL, M.D.,
Registrar.

JAMES GRAHAM, Dean,
87 Seventh St.

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices.

SARGENT & ILSLEY,
Druggists, 140 Lake-street, Chicago.

Extractum Aconiti Fluidum, One fluid drachm is equal to $\frac{1}{2}$ a drachm of the crude material.

	Asclepiadls									
	Tuberosc,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Buchu,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Belladonnae,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Cinchona									
	(Calisaya),	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Colombae,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Conii,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Cimicifuge,	ss	ss	ss	ss	1	ss	ss	ss	ss
"	Cubebae, U. S.	ss	/ss	ss	ss	ss	ounce	ss	ss	ss
"	Ergotæ	ss	ss	ss	ss	2	scruples	ss	ss	ss
"	Gallæ,	ss	ss	ss	ss	¾	a drachm	ss	ss	ss
"	Gentianæ,	ss	ss	ss	ss	1	ss	ss	ss	ss
"	Hyoscyami,	ss	ss	ss	ss	½	ss	ss	ss	ss
"	Lobellæ,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Opii,	ss	ss	ss	ss	about 5	grains	ss	ss	ss
"	Pareire Bravæ	ss	ss	ss	ss	¾	a drachm	ss	ss	ss
"	Piperis Nig.,									
	U. S.,	ss	ss	ss	ss	2	ounces	ss	ss	ss
"	Pruni Virg,	ss	ss	ss	ss	¾	a drachm	ss	ss	ss
"	Rhei, U. S.,	ss	ss	ss	ss	1	ss	ss	ss	ss
"	" et Sennæ,	ss	ss	ss	ss	45 grs. Senna				
						15 grs. Rhub.	ss	ss	ss	ss
"	Sanguinalis	ss	ss	ss	ss	¾	a drachm	ss	ss	ss
"	Serpentariz,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Scutellariz,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	Sarsaparillæ,									
	U. S.,	ss	ss	ss	ss	1	ss	ss	ss	ss
"	Sennæ, U. S.,	ss	ss	ss	ss	ss	ss	ss	ss	ss
"	" et Spigelliæ,									
	U. S.,	ss	ss	ss	ss	30 grs. Pink-root,				
						15 grs. Senna,	ss	ss	ss	ss
"	Stillingiz,	ss	ss	ss	ss	¾	a drachm	ss	ss	ss
"	Taraxaci,	ss	ss	ss	ss	1	ss	ss	ss	ss
"	Valeriani, U. S.	ss	ss	ss	ss	¾	ss	ss	ss	ss